

## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

	Report: * (Check one)  y preceding preliminary	· [	After election Year-Adress Bedissolution  When the for Election Bill By Silver  Committee Dame To Fig.  Name of Committee Treasure  Diekenne By Mander Man Onthe			
Telephone N	Number (optional):	Telephon	e Number (optional): 6/7 733/13/19			
7 Sec. 198	SUMMARY BALANC	EINFO	RMATION:			
	Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)		#135:43 Son			
	Line 3: Subtotal (line 1 plus line 2)  # 155-43  Line 4: Total expenditures this period (page 5, line 14)					
	Line 5: Ending Balance (line 3 minus line 4)  *Line 6: Total in-kind contributions this period (pa	oe റി	#155:43			
	Line 7: Total (all) outstanding liabilities (page 7)					
I certify that activity, incl finance activ Signed und	Line 8: Name of bank(s) used:  Committee Treasurer:  Thave examined this report including attached schedules and it is, to the best uding all contributions, loans, receipts; expenditures, disbursements, in-kind or the penalties of perjury:  NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	contributions accordance v	and liabilities for this reporting period and represents the campaign			
incurre Candio	Interwith Committee and no activity independent of the committee, that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in act dairy liabilities not made any expenditures on my behalf during this reporting late without Committee OR Candidate with independent activity filing sey that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursements	period.  parate repo	rt Knowledge and belief, a true and complete statement of all campaign			

## SCHUDULLA: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who combine \$200 or more in a calendar year.

(A "Schedule" A: Receipts "attachment is available to complete, printend attach to this report. It additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received 2	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)			
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(G) 199 S						
100						
	411	Part Long Attorney				
	Transfer of the state of the st		A District Control of the Control of			
Line 9/ Total Receipts over \$50 (or listed above)						
Line 10: Total Receipts \$50 and under to (not listed above)						
Line 11: TOTAL RECEIPTS IN THE PERIOD  * If you have itemized receipts of \$500 and binders include them indices \$100 keys like by the line 1.						

nclude them in line 9. Line 10 should include only those receipts not ifemized above.